

South Sound
Diamond Skills
BASEBALL CAMP

2010 Registration Form



Player's Name: _____ Birthdate: _____ Age: _____ M/F: _____
 Address: _____ Apt #: _____ City: _____ Zip: _____
 Teams/Leagues: _____
 Main Contact/Relationship: _____ Primary Phone: () _____
 Second Phone: () _____ Additional Phone/Contact: () _____/
 Email: _____ Update me with **Enews!** _____ Yes _____ No Thanks
 Emergency Contact/Relationship: _____ Phone () _____
 How did you hear about camp: _____

Camp Division/Time:

_____ Line Drive Division/9am-12pm (Ages 7-11)
 _____ Big Fly Division/1pm-4pm (Ages 12-15)

Camp Shirt Size (Size selected will be size ordered)

YOUTH SIZES: _____ Sm (6-8) _____ Med (10-12) _____ Lg (14-16)
 ADULT SIZES: _____ Sm(34-36) _____ Med(38-40)

Medical Information (List allergies, meds or other pertinent health information):

Family Physician/Phone Number: _____/() _____

Emergency Instructions: _____

City of Des Moines Hold Harmless Agreement

I assume all risks and hazards of the conduct of this program. In case of injury, I waive all claims or legal action, financial, or otherwise, against the City of Des Moines, its organizers, sponsors, supervisors, employees, or any volunteers connected with the program, unless injury is caused by the sole negligence of the City of Des Moines. In absence of signature, payment fees and participation in the program constitutes acceptance of these conditions. I grant full permission to use photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

Parent/Guardian Signature: _____ Date: _____

FEES:

Full Camp Rate/\$170 \$ _____

Resident Discount* Rate/\$150 \$ _____

**Primary residence in Des Moines*

Group Discount*/5 or More (Less \$20) - \$ _____

Group Discount*/10 or More (Less \$40) - \$ _____

Total Amount Due: \$ _____

List Contact or Team Name for Group: _____

METHOD OF PAYMENT:

Cash: _____

Check #: _____

VISA/Mastercard: _____

Expiration Date: ____/____

***Groups must register and provide registration fees together to qualify for discounted group rates.**

Registration Options: Visit us at the address below, mail to our home office, or call us at the office line

City of Des Moines Park & Recreation Department, 1000 S. 220th Street, Des Moines, WA 98198
 Office Line: (206) 870-6527 Fax: (206) 870-6587 FAX Email: recreation@desmoineswa.gov